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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/811,323	03/16/2001	Michael German	UCSF048CON

CONFIRMATION NO. 7184

FORMALITIES LETTER



OC00000006225851

Paula A. Borden
BOZICEVIC, FIELD & FRANCIS LLP
200 Middlefield Road, Suite 200
Menlo Park, CA 94025

Date Mailed: 06/26/2001

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on to the Notice mailed and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

- An abstract was not provided for this application. An abstract of the technical disclosure is required under 37 CFR 1.72(b).

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1615

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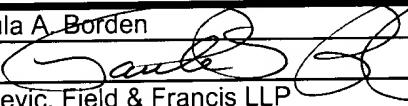
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Barbara M. Weatherly	Signature	<i>Barbara M. Weatherly</i>		Date	07-20-2001		
Combined Transmittal and Fee Calculation Sheet			Application Number	09/811,323				
<input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity			Confirmation Number	7184				
			Filing Date	March 16, 2001				
			First Named Inventor	German, et al.				
			Examiner	Unassigned				
			Group Art	1615				
			Attorney Docket No.	UCSF048CON				
ENCLOSED:		Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals	
<input type="checkbox"/> Amendment Under Rule		Total				\$	-	
<input type="checkbox"/> 37 CFR § _____		Independent				\$	-	
<input type="checkbox"/> Pages _____		Multiple						
		Total Extra Claim Fees				\$	-	
<input type="checkbox"/> Extension of time from _____ to _____		Fee						
<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)								
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<input checked="" type="checkbox"/> Other _____		Fee _____						
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<input checked="" type="checkbox"/> Other Enclosures and/or Fees	Request for Corrected Filing Receipt; Copy of Express Mail Label; Copy of Filing Receipt; Copy of Notice to File Corrected Application Papers; Supplemental Preliminary Amendment and Response to Notice to File Corrected Application Papers		
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<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Paula A. Borden	Registration No.	42,344
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